

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | |
|---|-----------------------------------|------------------------------------|---|----------|----|--|--|----|--|--|--|--|
| 1 Date of Request: _____ | | 2 Serial/Patent # 101521651 | | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | |
| | Filing | | | \$ | | | | | | | | |
| | Amendment | | | \$ | | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | | |
| | Petition | | | \$ | | | | | | | | |
| | Issue | | | \$ | | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | |
| | Maintenance | | | \$ | | | | | | | | |
| | Assignment | | | \$ | | | | | | | | |
| | Other | | | \$ | | | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | | \$ | | | | | | | |
| | | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | | Treasury Check | | | | | | | | | |
| Overpayment | | | Credit Deposit A/C #: | | | | | | | | | |
| Duplicate Payment | | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | -- | | | | |
| | | -- | | | | | | | | | | |
| No Fee Due (Explanation): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | | |
| TYPED/PRINTED NAME: _____ | | | | | | | | | | | | |
| SIGNATURE: _____ | | | | | | | | | | | | |
| OFFICE: _____ | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | |
| APPROVED: _____ DATE: _____ | | | | | | | | | | | | |

TITLE: _____
 Adjustment Date: 09/01/2005 PRIDWELL
 01/25/2005 GFREY1 00000127 031935 1052151
 PHONE: 500.00 CR

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B